## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                   |
| Case number (if known)                          | _ Chapter you are filing under: |                                   |
|   | Chapter 7                       |                                   |
|   | ☐ Chapter 11                    |                                   |
|   | ☐ Chapter 12                    |                                   |
|   | ☐ Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:                     | Identify Yourself  |  |   |
|-----|---------------------------|--|--|---|
|     | _                         |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your                      | full name  |  |   |
|     |                           | the name that is on  | Yolanda                                  |   |
|     | picture ide<br>example, y | government-issued<br>re identification (for<br>pple, your driver's                               | First name                               | First name                                    |
|     | licens                    | se or passport).   | Middle name                              | Middle name                                   |
|     | Bring your picture        | Mickey   |  |   |
|     |                           | ification to your<br>ing with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |                           |  |  |   |
| 2.  |                           | ther names you have<br>in the last 8 years   |  |   |
|     |                           | de your married or<br>en names.  |  |   |
| 3.  | your<br>numl<br>Indiv     | the last 4 digits of<br>Social Security<br>ber or federal<br>idual Taxpayer<br>iffication number | xxx-xx-2257                              |   |

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 2 of 55

Case number (if known)

Debtor 1 Yolanda Mickey

|  |   | About Debtor 1:   | Α  | bout Debtor 2 (Spouse Only in a Joint Case):   |  |
|--|---|---|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  |  | I have not used any business name or EINs.   |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |
|  |   | EINs  | E  | INs  |  |
| 5.   | Where you live                                  | 3229 Deerpath Ln  | lf   | Debtor 2 lives at a different address:   |  |
|  |   | Chicago Heights, IL 60411  Number, Street, City, State & ZIP Code   | N  | umber, Street, City, State & ZIP Code  |  |
|  |   | Cook  | Trained, enest, only, state a 211 code   |  |  |
|  |   | County  | County   |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | N  | umber, P.O. Box, Street, City, State & ZIP Code  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | С  | theck one:   |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |  | I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |
|  |   |   |  |  |  |

Entered 08/10/17 14:24:32 Desc Main Page 3 of 55 Case 17-23924 Doc 1 Filed 08/10/17

Document Case number (if known) Debtor 1 Yolanda Mickey

| Par | Tell the Court About  | Your E   | Bankruptcy Ca                 | se  |   |  |  |  |
|-----|---|--|-------------------------------|---|---|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are choosing to file under   |  |                               |   | of each, see <i>Notice Required by</i> f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box.  |  |  |
|     | choosing to file under  |  | ■ Chapter 7                   |   |   |  |  |  |
|     |   |  | Chapter 11                    |   |   |  |  |  |
|     |   |  | Chapter 12                    |   |   |  |  |  |
|     |   |  | Chapter 13                    |   |   |  |  |  |
| 8.  | How you will pay the fee  |  | about how yo order. If your   | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for n about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's chec order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or a pre-printed address. |   |  |  |  |
|     |   | ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Apple The Filing Fee in Installments (Official Form 103A). |                               |   |   |  |  |  |
|     |   |  | but is not requapplies to you | uired to, waive y<br>or family size ar  | your fee, and may do so only if yound you are unable to pay the fee in    | only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ital Form 103B) and file it with your petition. |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ N  |                               |   |   |  |  |  |
|     | last 8 years?   | ПΥ   | es.                           |   |   |  |  |  |
|     |   |  | District                      |   | When  | Case number  |  |  |
|     |   |  | District                      |   | When  | Case number  |  |  |
|     |   |  | District                      |   | When  | Case number  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N  | 0                             |   |   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ΠY   | es.                           |   |   |  |  |  |
|     |   |  | Debtor                        |   |   | Relationship to you  |  |  |
|     |   |  | District                      |   | When  | Case number, if known  |  |  |
|     |   |  | Debtor                        |   |   | Relationship to you  |  |  |
|     |   |  | District                      |   | When  | Case number, if known  |  |  |
| 11. | Do you rent your residence?   | ПΝ   | o. Go to li                   | ne 12.  |   |  |  |  |
|     | residence:  | ■ Y  | es. Has yo                    | ur landlord obta  | ained an eviction judgment agains   | you and do you want to stay in your residence?   |  |  |
|     |   |  |                               | No. Go to line  | 12.   |  |  |  |
|     |   |  |                               | Yes. Fill out <i>In</i> bankruptcy per  |   | ludgment Against You (Form 101A) and file it with this   |  |  |

Document Page 4 of 55 Case number (if known) Debtor 1 Yolanda Mickey Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Yolanda Mickey Page 5 of 55

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 6 of 55 Case number (if known)

| Deb  | tor 1 Yolanda Mickey                      |                          | Documen  | Case number  | (if known)                                   |  |  |
|--|---|--------------------------|--|--|--|--|--|
| Part   | 6: Answer These Quest                     | ions for Rep             | oorting Purposes   |  |  |  |  |
| 16.  | What kind of debts do you have?           |                          |  | sumer debts? Consumer debts are definate, family, or household purpose."             | ned in 11 U.S.C. § 101(8) as "incurred by an |  |  |
|  |   | [                        | ☐ No. Go to line 16b.  |  |  |  |  |
|  |   | I                        | Yes. Go to line 17.  |  |  |  |  |
|  |   |                          |  | iness debts? Business debts are debts t<br>ment or through the operation of the busi |  |  |  |
|  |   | [                        | ☐ No. Go to line 16c.  |  |  |  |  |
|  |   | [                        | Yes. Go to line 17.  |  |  |  |  |
|  |   | 16c. S                   | State the type of debts you owe  | e that are not consumer debts or business  | s debts                                      |  |  |
| 17.  | Are you filing under<br>Chapter 7?        | □ No. I                  | am not filing under Chapter 7.   | Go to line 18.   |  |  |  |
| Do you estimate that after any exempt property is excluded and |   |                          |  |  |  |  |  |
|  | administrative expenses                   | I                        | No   |  |  |  |  |
|  | are paid that funds will be available for | Γ                        | ⊒ Yes  |  |  |  |  |
|  | distribution to unsecured creditors?      |                          |  |  |  |  |  |
| 18.  | How many Creditors do                     | <b>1</b> -49             |  | □ 1,000-5,000  | □ 25,001-50,000                              |  |  |
|  | you estimate that you owe?                | ☐ 50-99                  |  | □ 5001-10,000  | ☐ 50,001-100,000                             |  |  |
|  | owe:                                      | □ 100-199                | )  | □ 10,001-25,000  | ☐ More than100,000                           |  |  |
|  |   | 200-999                  |  |  |  |  |  |
| 19.  | How much do you                           | <b>■</b> \$0 - \$50      | 0.000  | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion                |  |  |
|  | estimate your assets to be worth?         |                          | - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion             |  |  |
|  | be worth.                                 |                          | 1 - \$500,000  | \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion            |  |  |
|  |   | □ \$500,00               | 11 - \$1 million   | ☐ \$100,000,001 - \$500 million  | ☐ More than \$50 billion                     |  |  |
| 20.  | How much do you                           | <b>□</b> \$0 - \$50      | 0,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion                |  |  |
|  | estimate your liabilities to be?          | □ \$50,00°               | 1 - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion             |  |  |
|  |   |                          | 1 - \$500,000  | □ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion            |  |  |
|  |   | □ \$500,00               | 11 - \$1 million   | ☐ \$100,000,001 - \$500 million  | ☐ More than \$50 billion                     |  |  |
| Part   | 7: Sign Below                             |                          |  |  |  |  |  |
| For  | you                                       | I have exar              | nined this petition, and I declar  | re under penalty of perjury that the inform  | nation provided is true and correct.         |  |  |
|  |   |                          |  | am aware that I may proceed, if eligible, ef available under each chapter, and I ch  |  |  |  |
|  |   |                          | , ,  | pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b).        | an attorney to help me fill out this         |  |  |
|  |   | I request re             | elief in accordance with the cha   | apter of title 11, United States Code, spec  | rified in this petition.                     |  |  |
|  |   |                          | nderstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a nkruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 d 3571. |  |  |  |  |
|  |   |                          | da Mickey  | 0:2224   |  |  |  |
|  |   | Yolanda I<br>Signature o |  | Signature of Debtor  | ۷  |  |  |
|  |   | Executed of              | n August 10, 2017  | Executed on  |  |  |  |
|  |   |                          | MM / DD / YYYY   |  | / DD / YYYY                                  |  |  |
|  |   |                          |  |  |  |  |  |

Debtor 1 Yolanda Mickey

Document Page 7 of 55

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Julie G    | leason                 | Date          | August 10, 2017    |  |
|----------------|------------------------|---------------|--------------------|--|
| Signature of   | Attorney for Debtor    |               | MM / DD / YYYY     |  |
|                |                        |               |                    |  |
| Julie Glea     | son                    |               |                    |  |
| Printed name   |                        |               |                    |  |
| Gleason &      | k Gleason              |               |                    |  |
| Firm name      |                        |               |                    |  |
| 77 W Was       | hington, Ste 1218      |               |                    |  |
| Chicago, I     | L 60602                |               |                    |  |
|                | City, State & ZIP Code |               |                    |  |
| Contact phone  | (312) 578-9530         | Email address | troy@chicagobk.com |  |
| 6273536        |                        |               |                    |  |
| Bar number & S | tate                   |               | <del></del>        |  |

|                    |                          | Docum             | ent Page 8 of 55 |  |
|--------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor | mation to identify your  | case:             |                  |  |
| Debtor 1           | Yolanda Mickey           |                   |                  |  |
|                    | First Name               | Middle Name       | Last Name        |  |
| Debtor 2           |                          |                   |                  |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number        |                          |                   |                  |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  | Your a      | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 1,385.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 1,385.00                  |
| Par | 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 0.00                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 102,936.00                |
|     | Your total liabilities   | \$          | 102,936.00                |
| Par | 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,296.67                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,295.00                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Entered 08/10/17 14:24:32 Doc 1 Filed 08/10/17 Desc Main Case 17-23924 Document

Page 9 of 55 Case number (if known) Debtor 1 Yolanda Mickey

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | ١. | 2.22 |
|----|--|----|------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ | 0.00 |
|    |  | _  |      |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 64,717.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 64,717.00 |

| Ouc  | JC 17 2002-   | Document Document  | Page 10 of 55   | I   |
|--|---|--|---|---|
| Fill in this informa   | ation to identify your  | case and this filing:  |   |   |
| Debtor 1   | Yolanda Mickey First Name   | Middle Name  | Last Name   |   |
| Debtor 2   | i iist ivailie  | Middle Name  | Lastivanie  |   |
| (Spouse, if filing)  | First Name  | Middle Name  | Last Name   |   |
| United States Bank   | kruptcy Court for the:  | NORTHERN DISTRICT OF ILI   | LINOIS  |   |
| Case number  |   |  |   | ☐ Check if this is an amended filing  |
| Official For   | m 106A/B  |  |   |   |
|  | A/B: Prop   | erty   |   | 12/15   |
| In each category, set<br>think it fits best. Be<br>information. If more<br>Answer every question | parately list and describ<br>as complete and accura<br>space is needed, attach<br>on. | e items. List an asset only once. late as possible. If two married peo | If an asset fits in more than one category, lisple are filing together, both are equally respethe top of any additional pages, write your of the top of any additional pages. | onsible for supplying correct   |
|  |   | e interest in any residence, buildir                                   |   |   |
| _  | , , ,   | e interest in any residence, buildin                                   | ig, land, or similar property:  |   |
| No. Go to Part 2   |   |  |   |   |
| ☐ Yes. Where is t  | the property?   |  |   |   |
| Part 2: Describe Yo  | our Vehicles  |  |   |   |
| someone else drive   | es. If you lease a vehic  |  | is, whether they are registered or not? I Executory Contracts and Unexpired Leas  |   |
| ■ No   |   |  |   |   |
| ☐ Yes  |   |  |   |   |
|  |   |  | hicles, other vehicles, and accessories snowmobiles, motorcycle accessories   | 5   |
| ■ No   |   |  |   |   |
| ☐ Yes  |   |  |   |   |
|  |   |  | from Part 2, including any entries for  | .=> \$0.00  |
| Part 3: Describe Yo  | our Personal and Hous   | ehold Items  |   |   |
| Do you own or ha   | ave any legal or equit  | able interest in any of the follo                                      | owing items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|  |   | e, linens, china, kitchenware  |   |   |
|  |   |  | Furniture, Kitchen Appliances,  | <b>\$050.00</b>   |
|  | tables, ch  | nairs, sofas)  |   | \$950.00  |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Official Form 106A/B Schedule A/B: Property page 1

Official Form 106A/B Schedule A/B: Property

page 2

| 51.4                     |   |   | Document Page 1   | ed 08/10/17 14:24:32 Desc<br>2 of 55                                   | Main                |
|--------------------------|---|---|---|--|---------------------|
| Debtor 1                 |   | ckey  |   | Case number (if known)   |                     |
| ■ Yes                    |   |   |   |  |                     |
|                          |   |   |   | Cash on Hand   | \$10.00             |
|                          |   |   | counts; certificates of deposit; sh<br>ts with the same institution, list e                           | nares in credit unions, brokerage houses, an<br>each.                  | nd other similar    |
| _                        |   |   | Institution name:   |  |                     |
|                          |   | 17.1. Checking  | Chase   |  | \$5.00              |
| Exam<br>■ No             | nples: Bond funds                       | , or publicly traded stocks s, investment accounts with b                 | orokerage firms, money market a   | ccounts  |                     |
|                          |   |   |   |  |                     |
| joint v<br>■ No          | venture                                 | stock and interests in incorp<br>nformation about them<br>Name of entity: |   | usinesses, including an interest in an LL % of ownership:              | C, partnership, and |
| Nego<br>Non-r<br>■ No    | tiable instrument<br>negotiable instrui | ts include personal checks, ca  | gotiable and non-negotiable in<br>ashiers' checks, promissory note<br>ransfer to someone by signing o | s, and money orders.   |                     |
|                          | ement or pensio<br>aples: Interests in  |   | 403(b), thrift savings accounts,  | or other pension or profit-sharing plans                               |                     |
|                          | . List each accou                       | int separately.  Type of account:   | Institution name:   |  |                     |
| Your                     |   | ed deposits you have made s   | so that you may continue service<br>t, public utilities (electric, gas, wa                            | e or use from a company<br>ater), telecommunications companies, or oth | ners                |
| ☐ Yes.                   |   |   | Institution name or indiv   | vidual:  |                     |
| 23. <b>Annui</b><br>■ No | ities (A contract                       | for a periodic payment of mor   | ney to you, either for life or for a  | number of years)   |                     |
|                          | 1                                       | ssuer name and description.   |   |  |                     |
|                          |   | ion IRA, in an account in a (, 529A(b), and 529(b)(1).                    | qualified ABLE program, or ur   | nder a qualified state tuition program.                                |                     |
| ☐ Yes.                   | I                                       | nstitution name and description   | on. Separately file the records of  | f any interests.11 U.S.C. § 521(c):                                    |                     |
| ■ No                     | •                                       |   | other than anything listed in li  | ine 1), and rights or powers exercisable f                             | for your benefit    |
| ☐ Yes.                   | . Give specific ir                      | nformation about them   |   |  |                     |
|                          |   |   | and other intellectual property<br>eeds from royalties and licensing                                  |  |                     |

Official Form 106A/B Schedule A/B: Property page 3

 $\hfill \square$  Yes. Give specific information about them...

|     |                        | Case 2                       | 17-23924  | Doc 1          | Filed 08/10/17<br>Document                           | Entered 08/10/17 14:24:32<br>Page 13 of 55                  | Desc Main  |
|-----|------------------------|------------------------------|---|----------------|--|---|--|
| D   | ebtor 1                | Yolanda                      | Mickey  |                | Document   | Case number (if known)                                      |  |
| 27. | Examp<br>■ No          | ples: Building               | ses, and other g<br>g permits, exclusion                              | sive licenses  | ngibles<br>cooperative association                   | n holdings, liquor licenses, professional licens            | es   |
| M   | oney or                | property ov                  | ved to you?   |                |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. | ■ No                   | funds owed                   | -   | oout them, inc | lluding whether you alre                             | ady filed the returns and the tax years                     |  |
| 29. | Examp<br>■ No          |                              | ue or lump sum of the contraction                                     | <i>,,</i> ,    | usal support, child suppo                            | ort, maintenance, divorce settlement, property              | settlement   |
| 30  | Exam <sub>p</sub> ■ No | oles: Unpaid<br>benefit      | meone owes y<br>wages, disabilit<br>s; unpaid loans<br>ic information | ty insurance p |  | efits, sick pay, vacation pay, workers' compe               | nsation, Social Security   |
| 31. | Examµ<br>■ No          | oles: Health,                | nsurance compa  |                | nealth savings account (                             | HSA); credit, homeowner's, or renter's insurar Beneficiary: | Surrender or refund<br>value:  |
| 32. | If you a some of       | are the bene<br>one has died | eficiary of a living  |                | someone who has die<br>t proceeds from a life in     | ed<br>surance policy, or are currently entitled to reco     | eive property because  |
| 33. | Examp<br>■ No          | ples: Accider                |   |                | you have filed a lawsui<br>surance claims, or rights | it or made a demand for payment s to sue                    |  |
| 34. | ■ No                   | -                            | and unliquidate   | ed claims of   | every nature, includin                               | g counterclaims of the debtor and rights to                 | set off claims   |
| 35. | ■ No                   |                              | ets you did not   | already list   |  |   |  |
| 36  |                        |                              |   |                | om Part 4, including a                               | ny entries for pages you have attached                      | \$15.00  |
| Pa  | art 5: De              | scribe Any B                 | usiness-Related   | Property You   | Own or Have an Interest I                            | In. List any real estate in Part 1.                         |  |
|     | No. Go                 | own or have and to Part 6.   | any legal or equi   | table interest | in any business-related p                            | roperty?  |  |

Entered 08/10/17 14:24:32 Case 17-23924 Doc 1 Filed 08/10/17 Desc Main Page 14 of 55
Case number (if known) Document Debtor 1 **Yolanda Mickey** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,370.00 Part 4: Total financial assets, line 36 \$15.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$1,385.00 Copy personal property total \$1,385.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1,385.00

|                     |                        | I A A A HI III.   | 111 1 11111. 1.7 111 . |  |
|---------------------|------------------------|-------------------|------------------------|--|
| Fill in this inform | ation to identify your | case:             |                        |  |
| Debtor 1            | Yolanda Mickey         |                   |                        |  |
|                     | First Name             | Middle Name       | Last Name              |  |
| Debtor 2            |                        |                   |                        |  |
| (Spouse if, filing) | First Name             | Middle Name       | Last Name              |  |
| United States Ban   | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS            |  |
| Case number         |                        |                   |                        |  |
| (if known)          |                        |                   |                        |  |
|                     |                        |                   |                        |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Ched | ck only one box for each exemption.                             |                                    |
| Misc. Household Goods (Bedroom Furniture, Kitchen Appliances,                          | \$950.00                             |      | \$950.00  | 735 ILCS 5/12-1001(b)              |
| tables, chairs, sofas) Line from Schedule A/B: 6.1                                     |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Consumer Electronics (Including Televisions, Radios, Computers,                        | \$200.00                             |      | \$200.00  | 735 ILCS 5/12-1001(b)              |
| Games, Phones, Stereos) Line from Schedule A/B: 7.1                                    |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Books, Pictures, Videos, and DVDs Line from Schedule A/B: 8.1                          | \$20.00                              |      | 100%  | 735 ILCS 5/12-1001(a)              |
| Line Holli Schedule PAB. 0.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothing Line from Schedule A/B: 11.1   | \$100.00                             |      | 100%  | 735 ILCS 5/12-1001(a)              |
| Line IIIIII Scriedule AVB. 11.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc. Costume Jewelry Line from Schedule A/B: 12.1                                     | \$100.00                             |      | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule PVD. 12.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 16 of 55
Case number (if known)

| Debio | I Dianua Wilchey  |   | Case number (ii known)   |                                    |
|-------|---|---|--|------------------------------------|
|       | rief description of the property and line on chedule A/B that lists this property   | Current value of the portion you own  Copy the value from | Amount of the exemption you claim  Check only one box for each exemption.  | Specific laws that allow exemption |
|       |   | Schedule A/B  | Check only one box for each exemption.   |                                    |
| _     | Cash on Hand ine from Schedule A/B: 16.1  | \$10.00   | \$10.00 \\ \[ \begin{array}{c} \$10.00 \\ \begin{array}{c} 100\% \text{ of fair market value, up to} \end{array} | 735 ILCS 5/12-1001(b)              |
|       |   |   | any applicable statutory limit   |                                    |
|       | Checking: Chase   | \$5.00  | \$0.00   | 735 ILCS 5/12-1001(b)              |
| _     | me nom ochedule AVD. 11.1   |   | ☐ 100% of fair market value, up to any applicable statutory limit  |                                    |
|       | are you claiming a homestead exemption Subject to adjustment on 4/01/19 and every 3 |   |  | nt.)                               |
|       | ☐ Yes. Did you acquire the property covere  | ed by the exemption wi                                    | thin 1,215 days before you filed this case   | ?                                  |
|       | □ No  |   | •  |                                    |
|       | ☐ Yes   |   |  |                                    |

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Yolanda Mickey           |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

| O.   | 430 17 <b>2002</b> - L   | Document   | Page 18          | 3 of 55                              | Z Descritairi                          |
|--|--|--|------------------|--------------------------------------|--|
| Fill in this infor   | mation to identify your  |  |                  |                                      |  |
| Debtor 1   | Yolanda Mickey   |  |                  |                                      |  |
| 200101   | First Name   | Middle Name  | Last Name        |                                      |  |
| Debtor 2   | E: AN  | ACTION AND   |                  |                                      |  |
| (Spouse if, filing)  | First Name   | Middle Name  | Last Name        |                                      |  |
| United States Ba   | ankruptcy Court for the:   | NORTHERN DISTRICT OF ILL   | INOIS            |                                      |  |
| Case number  |  |  |                  |                                      |  |
| (if known)   |  |  |                  |                                      | ☐ Check if this is an                  |
|  |  |  |                  |                                      | amended filing                         |
| Official For   | m 106E/E   |  |                  |                                      |  |
|  |  | ho Have Unsecured  | Claime           |                                      | 12/15                                  |
|  |  |  |                  | lant O fan ann dit ann saith NONDE   | RIORITY claims. List the other party t |
| Schedule D: Credi<br>left. Attach the Co<br>name and case nu | itors Who Have Claims Sec<br>entinuation Page to this pag<br>umber (if known). | e. If you have no information to rep   | eeded, copy t    | he Part you need, fill it out, nu    | mber the entries in the boxes on the   |
|  | All of Your PRIORITY Un  |  |                  |                                      |  |
|  | tors have priority unsecure  | d claims against you?  |                  |                                      |  |
| No. Go to  | Part 2.  |  |                  |                                      |  |
| ☐ Yes.   |  |  |                  |                                      |  |
|  | All of Your NONPRIORIT   |  |                  |                                      |  |
| _  | tors have nonpriority unsec  | <u> </u>   |                  |                                      |  |
|  | ave nothing to report in this pa   | art. Submit this form to the court with y  | our other sche   | dules.                               |  |
| Yes.   |  |  |                  |                                      |  |
| unsecured cla  | im, list the creditor separately   | aims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>ist the other creditors in Part 3.If you ha | identify what ty | pe of claim it is. Do not list claim | s already included in Part 1. If more  |
|  |  |  |                  |                                      | Total claim                            |
| 4.1 Avant  | Credit, Inc  | Last 4 digits of acco  | unt number       | 7760                                 | \$5,005.00                             |
| •  | ty Creditor's Name   |  |                  |                                      | <u> </u>                               |
|  | on Bankruptcy<br>x 9183380   | When was the debt i  | incurred?        | Opened 03/15 Last Ac 5/19/16         | tive                                   |
|  | go, IL 60691   | When was the debt i  | illiculteu:      | 3/19/10                              |  |
|  | Street City State Zlp Code   | As of the date you fi  | le, the claim is | s: Check all that apply              |  |
|  | urred the debt? Check one.   |  |                  |                                      |  |
| Debto  | ,  | ☐ Contingent   |                  |                                      |  |
| ☐ Debto  | or 2 only  | ☐ Unliquidated   |                  |                                      |  |
|  | or 1 and Debtor 2 only   | Disputed   |                  |                                      |  |
|  | ast one of the debtors and and   | Па   | TY unsecured     | claim:                               |  |
| ☐ Chec<br>debt   | k if this claim is for a comr  | <u> </u>   |                  |                                      | allal mad                              |
|  | aim subject to offset?   | ☐ Obligations arising report as priority claim   |                  | ration agreement or divorce that     | you aid not                            |
| ■ No   | -  |  |                  | g plans, and other similar debts     |  |
| ☐ Yes  |  | Other Specify  | Insecured        |                                      |  |

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 19 of 55 Debtor 1 Yolanda Mickey Case number (if know) 4.2 \$338.00 Capital One Last 4 digits of account number 8910 Nonpriority Creditor's Name Attn: Bankruptcy Opened 06/15 Last Active Po Box 30253 When was the debt incurred? 5/18/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Capital One Auto Finance** 4.3 Last 4 digits of account number 1001 \$11,181.00 Nonpriority Creditor's Name Attn: General Opened 03/11 Last Active Correspondence/Bankruptcy When was the debt incurred? 10/31/14 Po Box 30285 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Automobile ☐ Yes 4.4 **EdFinancial Services** \$2,005.00 Last 4 digits of account number 2459 Nonpriority Creditor's Name Opened 03/07 Last Active Attn: Bankruptcy Department Po Box 36008 When was the debt incurred? 7/31/17 Knoxville, TN 37930 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only

☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational

Entered 08/10/17 14:24:32 Desc Main Case 17-23924 Doc 1 Filed 08/10/17

Page 20 of 55 Document Case number (if know) Debtor 1 Yolanda Mickey 4.5 \$403.00 First Premier Bank Last 4 digits of account number 3817 Nonpriority Creditor's Name Opened 12/05/14 Last Active 601 S Minneaplois Ave When was the debt incurred? 5/09/16 Dious FDalls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.6 Go Credit Last 4 digits of account number \$5.000.00 Nonpriority Creditor's Name 7300 E. Hampton Ave When was the debt incurred? Mesa, AZ 85209 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 **Governors State University** Last 4 digits of account number \$1,000.00 Nonpriority Creditor's Name **University Accounting Service** When was the debt incurred? 1 University Pkwy University Park, IL 60484 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No ☐ Yes

Is the claim subject to offset?

report as priority claims

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 21\_of 55

Debtor 1 Yolanda Mickey Case number (if know) 4.8 Unknown Illinois Department of Revenue Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Section** When was the debt incurred? PO Box 64338 Chicago, IL 60664-0338 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Notice Only** ☐ Yes Other. Specify 4.9 **Illinois Dept of Employment Securit** Last 4 digits of account number **Notic Only** Unknown Nonpriority Creditor's Name **Bankruptcy Unit Collection** When was the debt incurred? Subdivis 33 S State St 10th Floor Chicago, IL 60603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes 4.1 **Internal Revenue Service** Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 7346 When was the debt incurred? Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes

Page 22 of 55 Case number (if know) Document Debtor 1 Yolanda Mickey

| 4.1<br>1 | ISAC/Illinois Student Assistance Commiss  | Last 4 digits of account number                             | 8199   | Unknown    |
|----------|---|---|--|------------|
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept 1755 Lake Cook Road Deerfield, IL 60015 | When was the debt incurred?                                 | Opened 10/95 Last Active 10/10/06            |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
|          |   | Student loans   |  |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?            |   | ration agreement or divorce that you did not |            |
|          | ■ No  | ☐ Debts to pension or profit-sharin                         | g plans, and other similar debts             |            |
|          | ☐ Yes   | _   | g p.a, aa ca c                               |            |
|          | ☐ Yes   | Other. Specify  Educationa                                  |  |            |
|          |   | Educationa  | II   |            |
| 4.1<br>2 | LVNV Funding/Resurgent Capital  Nonpriority Creditor's Name                               | Last 4 digits of account number                             | 4933   | \$928.00   |
|          | Po Box 10497  | When was the debt incurred?                                 | Opened 01/17                                 |            |
|          | Greenville, SC 29603  | _   |  |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.   |   |  |            |
|          | Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | Student loans   |  |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|          | Yes   | ■ Other. Specify  | Company Account Credit One                   |            |
| 4.1      | Midland Funding   | Last 4 digits of account number                             | 1533   | \$1,686.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069                                | When was the debt incurred?                                 | Opened 01/17                                 |            |
|          | San Diego, CA 92193  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   |   |  |            |
|          |   | ☐ Unliquidated  |  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                   | 1 claim:                                     |            |
|          | At least one of the debtors and another   | Student loans   | . VIGITI                                     |            |
|          | ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a sepa                         | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?   | report as priority claims                                   | malana and abanda 9 - 111                    |            |
|          | ■ No  | Debts to pension or profit-sharin                           |  |            |
|          | Yes   | ■ Other. Specify Bank                                       | Company Account Synchrony                    |            |

Document Page 23 of 55 Debtor 1 Yolanda Mickey Case number (if know) 4.1 \$909.00 Midland Funding 6978 Last 4 digits of account number 4 Nonpriority Creditor's Name Attn: Bankruptcy **Opened 01/17** When was the debt incurred? Po Box 939069 San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Comenity** Other. Specify ☐ Yes 4.1 Navient \$3,805.00 0816 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/04 Last Active Po Box 9500 When was the debt incurred? 7/31/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 **Navient** 1019 \$2,244,00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/95 Last Active Po Box 9500 When was the debt incurred? 7/31/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

Official Form 106 E/F

☐ Yes

Educational

Other. Specify

Case 17-23924 Entered 08/10/17 14:24:32 Doc 1 Filed 08/10/17 Desc Main

Document Page 24 of 55 Debtor 1 Yolanda Mickey Case number (if know) 4.1 Navient 1126 \$1,050.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/03 Last Active Attn: Bankruptcy Po Box 9500 When was the debt incurred? 7/31/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Portfolio Recovery 7115 \$1,365.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 3/22/17 Po Box 41067 When was the debt incurred? Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 08 Synchrony Bank ☐ Yes 4.1 4001 Regional Acceptance Co \$9,123.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/08 Last Active 304 Kellm Road When was the debt incurred? 8/08/14 Virginia Beach, VA 23462 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

☐ Yes

■ No

debt

■ Other. Specify Automobile

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Document Page 25 of 55 Debtor 1 Yolanda Mickey Case number (if know) 4.2 \$580.00 **Target** 1989 Last 4 digits of account number 0 Nonpriority Creditor's Name C/O Financial & Retail Srvs Opened 01/15 Last Active Mailstopn BT POB 9475 When was the debt incurred? 9/10/16 Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card Us Dept Of Ed/Great Lakes Higher 4.2 8581 \$48.698.00 Educati Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/07 Last Active 2401 International Lane When was the debt incurred? 6/30/17 Madison, WI 53704 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Yes Educational Us Dept Of Ed/Great Lakes Higher 4.2 7577 \$6.915.00 2 Educati Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/10 Last Active 2401 International Lane When was the debt incurred? 6/30/17 Madison, WI 53704 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

■ No T Yes

debt

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Educational

Student loans

Other. Specify

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Page 26 of 55 Case number (if know) Document

### Debtor 1 Yolanda Mickey

| Visa Dept Store National<br>Bank/Macy's   | Last 4 digits of account number                            | 2220   | \$701.00 |
|---|--|--|----------|
| Nonpriority Creditor's Name               | _  |  |          |
| Attn: Bankruptcy                          | MI   | Opened 01/15 Last Active                     |          |
| Po Box 8053<br>Mason, OH 45040            | When was the debt incurred?                                | 8/13/16                                      |          |
| Number Street City State Zlp Code         | As of the date you file, the claim i                       | s: Check all that apply                      |          |
| Who incurred the debt? Check one.         |  |  |          |
| ■ Debtor 1 only                           | ☐ Contingent   |  |          |
| ☐ Debtor 2 only                           | ☐ Unliquidated   |  |          |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed   |  |          |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured                              | d claim:                                     |          |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |
| debt Is the claim subject to offset?      | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
| No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |          |
| ☐ Yes                                     | ■ Other. Specify Charge Acc                                | count  |          |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     | <br>             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|              |     |   |     | Total Claim      |
|              | 6f. | Student loans   | 6f. | \$<br>64,717.00  |
| Total claims |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>38,219.00  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>102,936.00 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          | 1706111116        | III FAUE / / ULSS |  |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                   |  |
| Debtor 1            | Yolanda Mickey           |                   |                   |  |
|                     | First Name               | Middle Name       | Last Name         |  |
| Debtor 2            |                          |                   |                   |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number         |                          |                   |                   |  |
| (if known)          |                          |                   |                   |  |
|                     |                          |                   |                   |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|---|-------------------|---|
| 2.1 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   |   |
|     | City      |                           | State   | ZIP Code          |   |
| 2.2 |           |                           |   |                   |   |
|     | Name      |                           |   |                   |   |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del></del>                             |
| 2.5 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |
|     |           |                           |   |                   |   |

|                        |  | Docume  | <u>ent Page 28 d</u>   | ot 55  |   |
|------------------------|--|---|--|--|---|
| Fill in thi            | s information to identify your   | case:   |  |  |   |
| Debtor 1               | Volenda Miekov   |   |  |  |   |
| Debiori                | Yolanda Mickey First Name  | Middle Name   | Last Name  |  |   |
| Debtor 2               |  |   |  |  |   |
| (Spouse if, f          | iling) First Name  | Middle Name   | Last Name  |  |   |
| United St              | ates Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS  |  |   |
|                        |  |   |  | _  |   |
| Case nur<br>(if known) | mber   |   |  |  | Charle if this is an                    |
| (II KIIOWII)           |  |   |  |  | ☐ Check if this is an<br>amended filing |
|                        |  |   |  |  | amended illing                          |
| Officia                | al Form 106H   |   |  |  |   |
|                        |  | lahtana   |  |  |   |
| <u>Scne</u>            | dule H: Your Cod   | eptors  |  |  | 12/15                                   |
| 2. Wi<br>Arizo         | ithin the last 8 years, have your codeb to a gain and the last 8 years, have your codeb to the last 8 years, have your spouse, former spoolumn 1, list all of your codeb to 2 again as a codebtor only | u lived in a community pr<br>, Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran | operty state or territo erto Rico, Texas, Wash with you at the time? spouse as a codebto tor or cosigner. Make | ry? (Community propen<br>iington, and Wisconsin.)<br>r if your spouse is filin<br>sure you have listed t |   |
|                        | Column 2.  | ,, o. co  |  | ,  |   |
|                        | Column 1: Your codebtor  | IIP Codo  |  |  | editor to whom you owe the debt         |
|                        | Name, Number, Street, City, State and Z  | ir Code   |  | Check all schedule   | es tnat apply:                          |
| 3.1                    |  |   |  | ☐ Schedule D, lin  | ne                                      |
| 0.1                    | Name   |   |  | □ Schedule E/F,  |   |
|                        |  |   |  | ☐ Schedule G, lir  |   |
|                        |  |   |  |  |   |
|                        | Number Street<br>City  | State   | ZIP Code   |  |   |
|                        | City   | State   | ZIF Code   |  |   |
|                        |  |   |  |  |   |
| 3.2                    | Name   |   |  | Schedule D, lin  |   |
|                        | Hamo   |   |  | ☐ Schedule E/F,  |   |
|                        |  |   |  | ☐ Schedule G, lir  | ne                                      |
|                        | Number Street  |   |  | _  |   |
|                        | City   | State   | ZIP Code   |  |   |

## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 29 of 55

|                    |   |   |  |               |                | _                   |                        |                         |                             |                 |
|--------------------|---|---|--|---------------|----------------|---------------------|------------------------|-------------------------|-----------------------------|-----------------|
| Fill               | in this information to identify your  | case:   |  |               |                |                     |                        |                         |                             |                 |
| Del                | btor 1 Yolanda Mi   | ckey  |  |               |                |                     |                        |                         |                             |                 |
|                    | btor 2<br>buse, if filing)  |   |  |               | _              |                     |                        |                         |                             |                 |
| Uni                | ited States Bankruptcy Court for th   | e: NORTHERN DISTRIC   | CT OF ILLINOIS                                     |               |                |                     |                        |                         |                             |                 |
| _                  | se number<br>nown)  |   |  |               |                |                     |                        | ed filing<br>ent show   | ing postpetition            |                 |
| 0                  | fficial Form 106I   |   |  |               |                | <u> </u>            | MM / DD/ `             | <del>////</del>         | -                           |                 |
|                    | chedule I: Your Inc   | ome   |  |               |                |                     | VIIVI / DD/            |                         |                             | 12/1            |
| sup<br>spo<br>atta | as complete and accurate as posplying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  Describe Employment | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any additi | ng jointly, and your sp<br>ith you, do not include | ouse<br>infor | is liv<br>mati | ing with<br>on abou | you, incl<br>t your sp | lude info<br>ouse. If n | rmation about nore space is | your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1   |               |                |                     | Debtor                 | 2 or non-               | -filing spouse              |                 |
|                    | If you have more than one job,  | Employment status   | ■ Employed   |               |                |                     | ☐ Emp                  | oyed                    |                             |                 |
|                    | attach a separate page with information about additional  | Employment status   | ☐ Not employed                                     |               |                |                     | □ Not e                | employed                |                             |                 |
|                    | employers.  | Occupation  | Shipping Clerk                                     |               |                |                     |                        |                         |                             |                 |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name   | National Tool Sup                                  | ply           |                |                     |                        |                         |                             |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address  |  |               |                |                     |                        |                         |                             |                 |
|                    |   | How long employed t   | here? Just star                                    | ted           |                |                     | _                      |                         |                             |                 |
| Pai                | Give Details About Mo   | onthly Income   |  |               |                |                     |                        |                         |                             |                 |
|                    | mate monthly income as of the ouse unless you are separated.  | date you file this form. If   | you have nothing to rep                            | ort for       | any            | line, write         | e \$0 in the           | space. I                | nclude your no              | n-filing        |
|                    | ou or your non-filing spouse have me space, attach a separate sheet to  |   | ombine the information f                           | or all        | empl           | oyers for           | that perso             | on on the               | lines below. If             | you need        |
|                    |   |   |  |               |                | For De              | btor 1                 |                         | ebtor 2 or<br>iling spouse  |                 |
| 2.                 | List monthly gross wages, sale deductions). If not paid monthly,  |   |  | 2.            | \$             | 2                   | 2,946.67               | \$                      | N/A                         | -               |
| 3.                 | Estimate and list monthly over  | rtime pay.  |  | 3.            | +\$            |                     | 0.00                   | +\$_                    | N/A                         | <del>.</del>    |
| 4                  | Calculate gross Income Add I  | ine 2 + line 3  |  | 4             | \$             | 2 9                 | 46 67                  | \$                      | N/A                         | İ               |

## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 30 of 55

| Deb | tor 1              | Yolanda Mickey  | -    | C          | ase             | number (if known) |            |                     |                    |                  |
|-----|--------------------|---|------|------------|-----------------|-------------------|------------|---------------------|--------------------|------------------|
|     |                    |   |      |            | For             | Debtor 1          |            | Debtor<br>-filing s |                    |                  |
|     | Cop                | by line 4 here  | 4.   |            | \$              | 2,946.67          | \$         |                     | N/A                | _                |
| 5.  | List               | all payroll deductions:   |      |            |                 |                   |            |                     |                    |                  |
|     | 5a.                | Tax, Medicare, and Social Security deductions   | 5a   | a.         | \$              | 650.00            | \$         |                     | N/A                |                  |
|     | 5b.                | Mandatory contributions for retirement plans  | 5b   |            | <u> </u> *      | 0.00              | \$         |                     | N/A                | _                |
|     | 5c.                | Voluntary contributions for retirement plans  | 50   | <b>)</b> . | \$              | 0.00              | \$         |                     | N/A                | =                |
|     | 5d.                | Required repayments of retirement fund loans  | 50   | d.         | \$              | 0.00              | \$         |                     | N/A                | _                |
|     | 5e.                | Insurance   | 5e   | €.         | \$_             | 0.00              | \$         |                     | N/A                | _                |
|     | 5f.                | Domestic support obligations  | 5f   |            | \$              | 0.00              | \$         |                     | N/A                | _                |
|     | 5g.                | Union dues  | 50   |            | \$_             | 0.00              | \$         |                     | N/A                | _                |
|     | 5h.                | Other deductions. Specify:  | _ 5h | 1.+        | \$              | 0.00              | + \$       |                     | N/A                | =                |
| 6.  | Add                | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |            | \$_             | 650.00            | \$         |                     | N/A                | _                |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   |            | \$              | 2,296.67          | \$         |                     | N/A                | _                |
| 8.  | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a   | a          | \$              | 0.00              | \$         |                     | N/A                |                  |
|     | 8b.                | Interest and dividends  | 8b   |            | <sub>\$</sub> — | 0.00              | \$         |                     | N/A                | _                |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |      |            | *<br>\$         | 0.00              | \$         |                     | N/A                | _                |
|     | 8d.                | Unemployment compensation   | 80   |            | <u>*</u> —      | 0.00              | \$_        |                     | N/A                | _                |
|     | 8e.                | Social Security   | 86   | €.         | \$              | 0.00              | \$         |                     | N/A                | _                |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f   |            | \$              | 0.00              | \$         |                     | N/A                | _                |
|     | 8g.<br>8h.         | Pension or retirement income  | 98   | ,          | \$_<br>\$       | 0.00              | —          |                     | N/A                | _                |
|     | OII.               | Other monthly income. Specify:  | _ 01 | 1.7        | Ψ <u> </u>      | 0.00              | ΤΨ <u></u> |                     | N/A                | _                |
| 9.  | Add                | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | \$         |                 | 0.00              | \$         |                     | N/A                | 4                |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.   | 10.  | \$         |                 | 2,296.67 + \$     |            | N/A                 | = \$               | 2,296.67         |
|     |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      |            |                 |                   |            | - 1471              |                    | _,               |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:       | depe |            | ,               | •                 | •          |                     | <i>∃J</i> .<br>+\$ | 0.00             |
| 12. |                    | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certainlies   |      |            |                 |                   |            | 12.                 | \$                 | 2,296.67         |
| 13. | Do :               | you expect an increase or decrease within the year after you file this form No.   | ?    |            |                 |                   |            |                     | Combi<br>month     | ned<br>ly income |
|     | _                  | Voc Evolain   |      |            |                 |                   |            |                     |                    |                  |

Official Form 106I Schedule I: Your Income page 2

# Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 31 of 55

| Fill in th            | is information to identify y                          | /our case:  |   |                                      |  |   |
|-----------------------|---|---|---|--------------------------------------|--|---|
| Debtor 1              | Yolanda Mi  |   |   | Che                                  | eck if this is:                              |   |
| D 11 0                |   | onoy  |   | _   _                                | An amended filing                            |   |
| Debtor 2<br>(Spouse,  |   |   |   | _                                    | A supplement shown 13 expenses as of         | wing postpetition chapter the following date: |
| United St             | tates Bankruptcy Court for the                        | e: NORTHERN DISTRIC   | Γ OF ILLINOIS                                       | _                                    | MM / DD / YYYY                               |   |
| Case nur<br>(If known |   |   |   |                                      |  |   |
| Offic                 | ial Form 106J   |   |   |                                      |  |   |
|                       | edule J: Your   | Expenses  |   |                                      |  | 12/1  |
| Be as c               | omplete and accurate a                                | s possible. If two married eeded, attach another she                                | people are filing toget<br>eet to this form. On the | ner, both are eq<br>top of any addit | ually responsible fo<br>ional pages, write y | or supplying correct<br>your name and case    |
| Part 1:               | Describe Your Hous                                    | sehold  |   |                                      |  |   |
|                       | this a joint case?                                    |   |   |                                      |  |   |
|                       | No. Go to line 2.<br>Yes. <b>Does Debtor 2 live</b>   | e in a separate household   | ?   |                                      |  |   |
|                       | □ No  | ust file Official Form 106J-2   |   | Household of De                      | btor 2.                                      |   |
| 2. <b>Do</b>          | you have dependents?                                  | P □ No  |   |                                      |  |   |
|                       | not list Debtor 1 and btor 2.                         | Yes. Fill out this infor each dependent   |   | s relationship to<br>Debtor 2        | Dependent's age                              | Does dependent live with you?                 |
| Do                    | not state the   |   |   |                                      |  | □ No  |
| de                    | pendents names.                                       |   | Child   |                                      |  | ■ Yes   |
|                       |   |   |   |                                      |  | □ No<br>□ Yes                                 |
|                       |   |   |   |                                      |  | □ No  |
|                       |   |   |   |                                      |  | Yes   |
|                       |   |   |   |                                      |  | □ No  |
| 3. <b>Do</b>          | your expenses include                                 | e <b>=</b> Na   |   |                                      |  | ☐ Yes   |
| ex                    | penses of people other<br>urself and your dependent   | than Divos  |   |                                      |  |   |
| expens                | e your expenses as of y                               | oing Monthly Expenses<br>your bankruptcy filing dat<br>bankruptcy is filed. If this |   |                                      |  |   |
| the valu              |   | non-cash government as<br>nd have included it on <i>Sc</i>                          |   |                                      | Your exp                                     | enses   |
| •                     | •   |   |   |                                      |  |   |
|                       | e rental or home owner<br>yments and any rent for the | ship expenses for your re<br>he ground or lot.                                      | sidence. Include first mo                           | ortgage<br>4.                        | \$   | 500.00  |
| lf r                  | not included in line 4:                               |   |   |                                      |  |   |
| 4a.                   |   |   |   | 4a.                                  | \$   | 0.00  |
| 4b.                   |   | r's, or renter's insurance  |   | 4b.                                  | ·  | 0.00  |
| 4c.                   |   | repair, and upkeep expense  | es  | 4c.                                  | ·  | 0.00  |
| 4d.<br>5. <b>Ad</b>   |   | ation or condominium dues nents for your residence.                                 | such as home equity loar                            | 4d.<br>ns 5.                         |  | 0.00  |

## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 32 of 55

| Debtor 1 Yoland                | da Mickey  | Case num     | ber (if known)      |                          |
|--------------------------------|--|--------------|---------------------|--------------------------|
| 6. Utilities:                  |  |              |                     |                          |
|                                | ity, heat, natural gas   | 6a.          | \$                  | 200.00                   |
|                                | sewer, garbage collection  | 6b.          | ·                   | 0.00                     |
|                                | one, cell phone, Internet, satellite, and cable services                           | 6c.          | · -                 | 310.00                   |
| 6d. Other. S                   |  | 6d.          | ·                   | 0.00                     |
|                                | usekeeping supplies  | 7.           | ·                   | 600.00                   |
|                                | d children's education costs   | 7.<br>8.     | \$                  |                          |
|                                |  | 9.           | \$                  | 0.00                     |
| <u>-</u> .                     | ndry, and dry cleaning   |              | · -                 | 150.00                   |
|                                | e products and services  | 10.          | · -                 | 110.00                   |
|                                | dental expenses  | 11.          | Ф                   | 75.00                    |
|                                | on. Include gas, maintenance, bus or train fare. e car payments.                   | 12.          | \$                  | 350.00                   |
|                                | t, clubs, recreation, newspapers, magazines, and books                             | 13.          | ·                   | 0.00                     |
|                                |  |              | · -                 |                          |
|                                | ntributions and religious donations  | 14.          | Ψ                   | 0.00                     |
| <ol> <li>Insurance.</li> </ol> | insurance deducted from your pay or included in lines 4 or 20.                     |              |                     |                          |
| 15a. Life insu                 |  | 15a.         | \$                  | 0.00                     |
| 15b. Health i                  |  | 15a.<br>15b. | ·                   | 0.00                     |
|                                |  |              | · -                 |                          |
| 15c. Vehicle                   |  | 15c.         |                     | 0.00                     |
|                                | surance. Specify:  | 15d.         | <b>5</b>            | 0.00                     |
|                                | include taxes deducted from your pay or included in lines 4 or 20.                 | 40           | •                   |                          |
| Specify:                       |  | 16.          | \$                  | 0.00                     |
|                                | r lease payments:  | 47-          | Φ.                  | 0.00                     |
|                                | ments for Vehicle 1  | 17a.         | · -                 | 0.00                     |
|                                | ments for Vehicle 2  | 17b.         | ·                   | 0.00                     |
| 17c. Other. S                  |  | 17c.         | ·                   | 0.00                     |
| 17d. Other. S                  | · · ·  | 17d.         | \$                  | 0.00                     |
|                                | ts of alimony, maintenance, and support that you did not report as                 |              | •                   | 0.00                     |
|                                | m your pay on line 5, Schedule I, Your Income (Official Form 106I).                | 18.          | · ·                 | 0.00                     |
|                                | nts you make to support others who do not live with you.                           |              | \$                  | 0.00                     |
| Specify:                       |  | 19.          |                     |                          |
|                                | operty expenses not included in lines 4 or 5 of this form or on School             |              |                     |                          |
|                                | ges on other property  | 20a.         | ·                   | 0.00                     |
| 20b. Real es                   | tate taxes   | 20b.         | \$                  | 0.00                     |
| 20c. Property                  | y, homeowner's, or renter's insurance  | 20c.         | \$                  | 0.00                     |
| 20d. Mainten                   | ance, repair, and upkeep expenses  | 20d.         | \$                  | 0.00                     |
| 20e. Homeov                    | wner's association or condominium dues   | 20e.         | \$                  | 0.00                     |
| I. Other: Specify              | r:   | 21.          | +\$                 | 0.00                     |
|                                |  |              |                     | 0.00                     |
| •                              | ır monthly expenses  |              |                     |                          |
| 22a. Add lines                 | 4 through 21.  |              | \$                  | 2,295.00                 |
| 22b. Copy line                 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2              |              | \$                  |                          |
| 22c. Add line 2                | 22a and 22b. The result is your monthly expenses.                                  |              | \$                  | 2,295.00                 |
|                                |  |              | ·                   | _,                       |
| -                              | ır monthly net income.   |              |                     |                          |
|                                | ne 12 (your combined monthly income) from Schedule I.                              | 23a.         | \$                  | 2,296.67                 |
| 23b. Copy yo                   | our monthly expenses from line 22c above.  | 23b.         | -\$                 | 2,295.00                 |
|                                |  |              |                     | ·                        |
|                                | t your monthly expenses from your monthly income.                                  |              |                     | 4.07                     |
| The res                        | ult is your monthly net income.  | 23c.         | \$                  | 1.67                     |
|                                |  |              |                     |                          |
|                                | et an increase or decrease in your expenses within the year after your             |              |                     |                          |
|                                | you expect to finish paying for your car loan within the year or do you expect you | r mortgage   | payment to increase | e or decrease because of |
|                                | he terms of your mortgage?   |              |                     |                          |
| ■ No.                          |  |              |                     |                          |
| ☐ Yes.                         | Explain here:  |              |                     |                          |

## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 33 of 55

| Fill in this infor              | mation to identify you    | r case:                    |                            |                         |   |
|---------------------------------|---------------------------|----------------------------|----------------------------|-------------------------|---|
| Debtor 1                        | Yolanda Mickey            |                            |                            |                         |   |
|                                 | First Name                | Middle Name                | Last Name                  |                         |   |
| Debtor 2<br>(Spouse if, filing) | First Name                | Middle Name                | Last Name                  |                         |   |
| United States Ba                | ankruptcy Court for the:  | NORTHERN DISTRICT          | OF ILLINOIS                |                         |   |
| Case number (if known)          |                           |                            |                            |                         | ☐ Check if this is an amended filing                                    |
| Official For                    | m 106Dec                  |                            |                            |                         |   |
| Declara                         | tion About                | an Individual              | <b>Debtor's Sc</b>         | hedules                 | 12/15   |
| You must file th obtaining mone | is form whenever you      | in connection with a bank  | or amended schedules.      | Making a false state    | ment, concealing property, or<br>0, or imprisonment for up to 20        |
| Sig                             | n Below                   |                            |                            |                         |   |
| Did you pa                      | ay or agree to pay son    | eone who is NOT an attor   | ney to help you fill out b | ankruptcy forms?        |   |
| ■ No                            |                           |                            |                            |                         |   |
| ☐ Yes.                          | Name of person            |                            |                            |                         | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                 | alty of perjury, I declar | e that I have read the sum | mary and schedules filed   | d with this declaration | n and   |
| X /s/ Yol                       | anda Mickey               |                            | X                          |                         |   |

Yolanda Mickey Signature of Debtor 1

Date August 10, 2017

Signature of Debtor 2

Date

## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 34 of 55

| ĦII                | in this inform  | ation to identify you   | r case:                                    |  |  |   |  |  |  |  |  |
|--------------------|---|---|--|--|--|---|--|--|--|--|--|
|                    | btor 1  | Yolanda Mickey  |  |  |  |   |  |  |  |  |  |
| D0.                | DIOI I  | First Name  | Middle Name                                | Last Name  |  |   |  |  |  |  |  |
|                    | btor 2<br>buse if, filing)  | First Name  | Middle Name                                | Last Name  |  |   |  |  |  |  |  |
|                    |   | kruptcy Court for the:  | NORTHERN DISTRICT                          | OF ILLINOIS  |  |   |  |  |  |  |  |
|                    |   |   |  |  |  |   |  |  |  |  |  |
|                    | se number<br>nown)  |   |  |  | _  | Check if this is an mended filing                     |  |  |  |  |  |
| St                 |   | of Financial  |  | duals Filing for B   | ankruptcy equally responsible for sup      | 4/16  |  |  |  |  |  |
|                    |   | ore space is needed,<br>). Answer every que                                     |  | this form. On the top of an  | y additional pages, write you              | ir name and case                                      |  |  |  |  |  |
| Pai                | rt 1: Give D  | etails About Your Ma  | arital Status and Where Yo                 | u Lived Before   |  |   |  |  |  |  |  |
| 1.                 | What is your  | current marital statu   | ıs?  |  |  |   |  |  |  |  |  |
|                    | <ul><li>☐ Married</li><li>■ Not marr</li></ul>  | ied   |  |  |  |   |  |  |  |  |  |
| 2.                 | During the la   | ouring the last 3 years, have you lived anywhere other than where you live now? |  |  |  |   |  |  |  |  |  |
|                    | <ul> <li>■ No</li> <li>□ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li> </ul> |   |  |  |  |   |  |  |  |  |  |
|                    | Debtor 1 Pri  | or Address:   | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | Idress:                                    | Dates Debtor 2<br>lived there                         |  |  |  |  |  |
| <b>3.</b><br>state |   |   |  |  | ity property state or territory            |   |  |  |  |  |  |
|                    | ■ No<br>□ Yes. Mal  | ke sure you fill out <i>Scl</i>   | nedule H: Your Codebtors (C                | official Form 106H).   |  |   |  |  |  |  |  |
| Pai                | rt 2 Explain  | the Sources of You  | r Income                                   |  |  |   |  |  |  |  |  |
| 4.                 | Fill in the total   | amount of income yo   | u received from all jobs and               | ng a business during this yeall businesses, including part<br>ye together, list it only once u |  | ndar years?   |  |  |  |  |  |
|                    | □ No  |   |  |  |  |   |  |  |  |  |  |
|                    | Yes. Fill   | in the details.   |  |  |  |   |  |  |  |  |  |
|                    |   |   | Debtor 1                                   |  | Debtor 2                                   |   |  |  |  |  |  |
|                    |   |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
|                    |   | of current year until<br>I for bankruptcy:                                      | ■ Wages, commissions, bonuses, tips        | \$0.00   | ☐ Wages, commissions, bonuses, tips        |   |  |  |  |  |  |
|                    |   |   | ☐ Operating a business                     |  | ☐ Operating a business                     |   |  |  |  |  |  |

Official Form 107

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Page 35 of 55
Case number (if known) Document

Debtor 1 Yolanda Mickey

|     |                        |                                  |   |  | Debtor 1  |  |   |   |                        | Debtor 2   |   |  |
|-----|------------------------|----------------------------------|---|--|---|--|---|---|------------------------|--|---|--|
|     |                        |                                  |   |  |   | of income<br>that apply.   | (bef  | oss income<br>fore deductions<br>lusions)   | and                    | Sources of inc<br>Check all that a                                     |   | Gross income<br>(before deductions<br>and exclusions)            |
|     |                        |                                  | lar year:<br>December 3                                 | 31, 2016 )   | ■ Wages bonuses,  | s, commissions,<br>tips  |   | \$14,216  | 6.00                   | ☐ Wages, combonuses, tips  | missions,   |  |
|     |                        |                                  |   |  | ☐ Operat  | ing a business   |   |   |                        | ☐ Operating a  | business  |  |
|     |                        |                                  | ar year bef<br>December 3                               |  | ■ Wages bonuses,  | s, commissions,<br>tips  |   | \$14,000  | 0.00                   | ☐ Wages, combonuses, tips  | missions,   |  |
|     |                        |                                  |   |  | ☐ Operat  | ing a business   |   |   |                        | ☐ Operating a  | business  |  |
|     | and ot winnin  List ea | ther p<br>igs. If<br>ach s<br>lo | oublic benefi<br>you are filin                          | t payments;  <br>ng a joint cas<br>ne gross inco   | pensions; re<br>e and you h   | me is taxable. Exa<br>ental income; inter<br>nave income that y<br>ch source separat | est; div  | vidends; money<br>ceived together,  | collecte<br>list it on | ed from lawsuits;<br>ly once under De                                  | royalties; and<br>ebtor 1.                              | ecurity, unemployment,<br>I gambling and lottery                 |
|     |                        |                                  |   |  | Debtor 1  |  |   |   |                        | Debtor 2   |   |  |
|     |                        |                                  |   |  | Sources of Describe b   |  | eac<br>(bef   | oss income from<br>th source<br>fore deductions<br>lusions)   |                        | Sources of inc<br>Describe below                                       |   | Gross income<br>(before deductions<br>and exclusions)            |
| Par | t 3:                   | List                             | Certain Pay   | ments You  | Made Befo   | re You Filed for I   | Bankrı  | uptcy   |                        |  |   |  |
| 6.  | □ N                    | 10.                              | Neither De individual p During the No. Yes  * Subject t | btor 1 nor D<br>rimarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>o adjustment<br>r Debtor 2 o<br>90 days befo | personal, for you filed to editor. Do n payments to on 4/01/19  r both have re you filed. | amily, or househol<br>for bankruptcy, did<br>r to whom you paid                      | umer d<br>d purp<br>d you p<br>d a tota<br>ats for c<br>nis ban<br>s after<br>umer d<br>d you p | lebts. Consume cose."  pay any creditor all of \$6,425* or domestic support intruptcy case. that for cases fill ebts.  pay any creditor | more in rt obliga      | of \$6,425* or mo one or more pay tions, such as ch r after the date o | re?<br>rments and th<br>ild support ar<br>f adjustment. | (8) as "incurred by an le total amount you and alimony. Also, do |
|     |                        |                                  | ⊔ Yes   |  | ments for d   | omestic support of   |   |   |                        |  |   | creditor. Do not not not not not not not not not no              |
|     | Credi                  | itor's                           | Name and  | Address  |   | Dates of payme   | nt  | Total amou  | unt<br>aid             | Amount you still owe   | Was this p  | ayment for   |

**Dates of payment** 

| Del | otor 1               | Yolanda Mickey  | Doc 1                            | Document  | Entered 08/10/17 14:24:32 Page 36 of 55 Case number (# known)  | 2 Desc Main   |
|-----|----------------------|---|----------------------------------|---|--|---|
| 7.  | <i>Inside</i> of whi | ers include your relatives; any<br>ich you are an officer, directo<br>iness you operate as a sole | y general par<br>or, person in o | tners; relatives of any goontrol, or owner of 20% | ment on a debt you owed anyone who we eneral partners; partnerships of which you a for more of their voting securities; and any payments for domestic support obligations, | are a general partner; corporations managing agent, including one for |
|     | _                    | No<br>Yes. List all payments to an i  | nsider.                          |   |  |   |

**Total amount** 

Court or agency

paid

Amount you

still owe

Reason for this payment

Status of the case

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Nature of the case

No ☐ Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

П No. Go to line 11.

Case title

Case number

**Insider's Name and Address** 

Yes. Fill in the information below.

| Creditor Name and Address                          | Describe the Property  Explain what happened   | Date | Value of the property |
|--|--|------|-----------------------|
| Go Credit<br>7300 E. Hampton Ave<br>Mesa, AZ 85209 | 2005 Cadillac  ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. | 2017 | \$0.00                |

- 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
  - Nο

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was Amount

- 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
  - No
  - ☐ Yes

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main

Debtor 1 Yolanda Mickey Document Page 37 of 55
Case number (if known)

| Par | tt 5: List Certain Gifts and Contributio  | ns      |  |   |                       |  |  |  |
|-----|---|---------|--|---|-----------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.      |         |  |   |                       |  |  |  |
|     | Gifts with a total value of more than \$6 per person  | 000     | Describe the gifts   | Dates you gave the gifts                | Value                 |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   | d       |  |   |                       |  |  |  |
| 14. | ■ No  |         | r, did you give any gifts or contributions with a tota   | al value of more than                   | \$600 to any charity? |  |  |  |
|     | Yes. Fill in the details for each gift or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Contributions) | total   | Describe what you contributed  | Dates you contributed                   | Value                 |  |  |  |
| Par | rt 6: List Certain Losses   |         |  |   |                       |  |  |  |
| 15. | or gambling?  No Yes. Fill in the details.  Describe the property you lost and  |         | or since you filed for bankruptcy, did you lose any  | Date of your                            | Value of property     |  |  |  |
|     | how the loss occurred   | Inclu   | de the amount that insurance has paid. List pending  | loss                                    | lost                  |  |  |  |
|     |   | insur   | rance claims on line 33 of Schedule A/B: Property.   |   |                       |  |  |  |
| Par | t 7: List Certain Payments or Transfer  | rs      |  |   |                       |  |  |  |
| 16. | consulted about seeking bankruptcy or   | prepa   | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services required |   | erty to anyone you    |  |  |  |
|     | No  |         |  |   |                       |  |  |  |
|     | Yes. Fill in the details.   |         |  | 5.                                      |                       |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not   | You     | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment     |  |  |  |
|     | Gleason & Gleason LLC<br>77 W. Washington, Ste 1218<br>Chicago, IL 60602<br>http://chilawyers.com   |         | \$90.00 attorney fees plus \$335.00 court filing fee.  | 2017                                    | \$425.00              |  |  |  |
|     | Summit Financial Education Inc<br>4800 E Flower St<br>Tucson, AZ 85712  |         | Credit Counseling  | 2017                                    | \$14.95               |  |  |  |
| 17. |   | editors | did you or anyone else acting on your behalf pay of or to make payments to your creditors? isted on line 16.                             | or transfer any prope                   | erty to anyone who    |  |  |  |
|     | ■ No  |         |  |   |                       |  |  |  |
|     | Yes. Fill in the details.   |         | Description and value of any present   | Data normant                            | Amaiint of            |  |  |  |
|     | Person Who Was Paid<br>Address  |         | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment     |  |  |  |

Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Case 17-23924 Page 38 of 55 Case number (if known) Document

Debtor 1 Yolanda Mickey

| 18. | <ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your p include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |                             |            |   |   |    |
|-----|--|--|-----------------------------|------------|---|---|----|
|     | Person Who Received Transfer<br>Address  | Description and v property transfer                                      |                             | payme      | be any property or<br>ents received or debts<br>n exchange    | Date transfer wa made                   | S  |
| 19. | Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  |  |                             |            |   |   |    |
|     | ☐ Yes. Fill in the details.  |  |                             |            |   |   |    |
|     | Name of trust  | Description and v  | alue of the prop            | erty trans | ferred  | Date Transfer wa<br>made                | as |
| Par | t 8: List of Certain Financial Accounts, In  | struments, Safe Deposit  | t Boxes, and Sto            | orage Unit | s   |   |    |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, associated No   | or other financial accou   | nts; certificates           | of deposit |   |   |    |
|     | ☐ Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of accou<br>instrument | int or     | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last baland<br>before closing<br>transf | or |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?  | year before you filed for  | bankruptcy, an              | y safe dep | osit box or other depos                                       | itory for securities                    | ,  |
|     | Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                             | Describe t | the contents  | Do you still have it?                   |    |
| 22. | Have you stored property in a storage unit o   | ĺ  | home within 1               | year befor | e you filed for bankrupt                                      | cy?                                     |    |
|     | Yes. Fill in the details.  |  |                             |            |   |   |    |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                             | Describe t | the contents  | Do you still have it?                   |    |
| Par | t 9: Identify Property You Hold or Control   | for Someone Else   |                             |            |   |   |    |
| 23. |  |  | ude any propert             | y you borr | owed from, are storing  | for, or hold in trust                   |    |
|     | Yes. Fill in the details.  |  |                             |            |   |   |    |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S                            |                             | Describe t | the property  | Val                                     | ıe |
|     | t 10: Give Details About Environmental Info  |  |                             |            |   |   |    |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5

Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Case 17-23924 Page 39 of 55 Case number (if known) Document

Debtor 1 Yolanda Mickey

|     | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |  |                                |  |                    |
|-----|--|--|--|--------------------------------|--|--------------------|
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.             |  |  |                                |  |                    |
|     | Hazardous material means anything an enhazardous material, pollutant, contaminant  | viron  | mental law defines as a hazardous  | s wa                           | ste, hazardous substance, toxic                | substance,         |
| Rep | ort all notices, releases, and proceedings the   | ,  |  | n the                          | ev occurred.                                   |                    |
| -   | Has any governmental unit notified you that  | -  |  |                                |  | ental law?         |
|     | _  | at you   | a may be hable or peterniany hable   | · uni                          |  | ontai iaw .        |
|     | ■ No □ Yes. Fill in the details.   |  |  |                                |  |                    |
|     | Name of site   |  | Governmental unit  |                                | Environmental law, if you                      | Date of notice     |
|     | Address (Number, Street, City, State and ZIP Code)   |  | Address (Number, Street, City, State and ZIP Code)                         | d                              | know it  | Date of Hotioe     |
| 25. | Have you notified any governmental unit o  | f any  | release of hazardous material?   |                                |  |                    |
|     | No   |  |  |                                |  |                    |
|     | Yes. Fill in the details.  |  |  |                                |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   |  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d                              | Environmental law, if you know it              | Date of notice     |
| 26. | Have you been a party in any judicial or ad  | lminis   | strative proceeding under any envi   | ironi                          | mental law? Include settlements                | and orders.        |
|     | _  |  | Jan and Jan  |                                |  |                    |
|     | No   |  |  |                                |  |                    |
|     | Yes. Fill in the details.  |  | Count on omenous   | NI-                            | turns of the same                              | Ctatus of the      |
|     | Case Title Case Number   |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Na                             | ture of the case                               | Status of the case |
| Par | t 11: Give Details About Your Business or  | . Can  | ·  |                                |  |                    |
| rai | Give Details About Your Business of  | Con  | nections to Any business   |                                |  |                    |
| 27. | Within 4 years before you filed for bankrup  | otcy, o  | did you own a business or have ar  | ıy of                          | the following connections to an                | y business?        |
|     | ☐ A sole proprietor or self-employed   | in a t   | rade, profession, or other activity,                                       | eith                           | ner full-time or part-time                     |                    |
|     | ☐ A member of a limited liability com  | pany   | (LLC) or limited liability partnersh                                       | ip (L                          | LLP)   |                    |
|     | ☐ A partner in a partnership   |  |  |                                |  |                    |
|     | ☐ An officer, director, or managing ex   | ☐ An officer, director, or managing executive of a corporation |  |                                |  |                    |
|     | ☐ An owner of at least 5% of the votil   | ng or  | equity securities of a corporation   |                                |  |                    |
|     | ■ No. None of the above applies. Go to   | Part   | 12.  |                                |  |                    |
|     | Yes. Check all that apply above and fill in the details below for each business.   |  |  |                                |  |                    |
|     | Business Name  | scribe the nature of the business                              |  | Employer Identification number |  |                    |
|     | Address (Number, Street, City, State and ZIP Code)   |  | me of accountant or bookkeeper   |                                | Do not include Social Security number or ITIN. |                    |
|     |  |  |  |                                | Dates business existed                         |                    |
| 28. | Within 2 years before you filed for bankrup  | otcy, o  | did you give a financial statement   | to aı                          | nyone about your business? Incl                | ude all financial  |
|     | institutions, creditors, or other parties.   |  |  |                                |  |                    |
|     | ■ No   |  |  |                                |  |                    |
|     | ☐ Yes Fill in the details below  |  |  |                                |  |                    |

Part 12: Sign Below

Name

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

**Date Issued** 

Address (Number, Street, City, State and ZIP Code)

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Page 40 of 55 Case number (if known) Document

Debtor 1 Yolanda Mickey

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Yolanda Mickey Signature of Debtor 2 Yolanda Mickey Signature of Debtor 1 Date August 10, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

## Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 41 of 55

|                                     |  | 200                   | rago 11 or oo   |   |
|-------------------------------------|--|-----------------------|---|---|
| Fill in this inform                 | mation to identify your                            | case:                 |   |   |
| Debtor 1                            | Yolanda Mickey                                     |                       |   |   |
|                                     | First Name   | Middle Name           | Last Name   |   |
| Debtor 2                            |  |                       |   |   |
| (Spouse if, filing)                 | First Name   | Middle Name           | Last Name   |   |
| United States Ba                    | ankruptcy Court for the:                           | NORTHERN DIS          | TRICT OF ILLINOIS   |   |
| Case number                         |  |                       |   |   |
| (if known)                          |  |                       |   | ☐ Check if this is an amended filing  |
| creditors have                      | ividual filing under cha<br>e claims secured by yo | ur property, or       |   |   |
| You must file thi                   | ever is earlier, unless th                         | rithin 30 days after  | not expired.<br>r you file your bankruptcy petition or by the date<br>ne time for cause. You must also send copies to | e set for the meeting of creditors,<br>o the creditors and lessors you list |
| If two married pe                   |  | r in a joint case, bo | oth are equally responsible for supplying correc  | ct information. Both debtors must   |
|                                     | and accurate as possib<br>our name and case nui    |                       | s needed, attach a separate sheet to this form.   | On the top of any additional pages,   |
| Part 1: List Yo                     | our Creditors Who Hav                              | e Secured Claims      |   |   |
| 1. For any credit<br>information be |  | art 1 of Schedule [   | D: Creditors Who Have Claims Secured by Prop  | erty (Official Form 106D), fill in the                                      |
| Identify the cr                     | editor and the property t                          | hat is collateral     | What do you intend to do with the property secures a debt?  | that Did you claim the property as exempt on Schedule C?                    |
| Creditor's                          |  |                       | ☐ Surrender the property.   | □ No  |
| name.                               |  |                       | Detain the property and redoom it   | <b>140</b>  |

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Creditor's  | ☐ Surrender the property.   | □ No  |
| name:   | ☐ Retain the property and redeem it.  |   |
| Description of property                                   | <ul> <li>□ Retain the property and enter into a<br/>Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ☐ Yes   |
| securing debt:  | Retain the property and [explain].  |   |
| Creditor's  | ☐ Surrender the property.   | □ No  |
| name:   | ☐ Retain the property and redeem it.  |   |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.   | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:  |   |
| securing debt:  |   |   |
| Creditor's  | ☐ Surrender the property.   | □ No  |
| name:   | ☐ Retain the property and redeem it.  | _   |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.  | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:  |   |
| securing debt:  |   |   |
| Creditor's  | ☐ Surrender the property.   | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 42 of 55

| Debtor 1 Yola                                      | nda Mickey  | Case number (if known)  |                                 |
|--|---|---|---------------------------------|
| name:  Description of property securing debt       |   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ☐ Yes                           |
| For any unexpire in the information You may assume | on below. Do not list real estate leases. Une<br>e an unexpired personal property lease if th | n Schedule G: Executory Contracts and Unexpired xpired leases are leases that are still in effect; the le trustee does not assume it. 11 U.S.C. § 365(p)(2).                    | lease period has not yet ended. |
| Describe your u                                    | nexpired personal property leases   | <b>'</b>  | Will the lease be assumed?      |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No<br>□ Yes                   |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No<br>□ Yes                   |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No<br>□ Yes                   |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No<br>□ Yes                   |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No<br>□ Yes                   |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No                            |
| Lessor's name:<br>Description of le<br>Property:   | ased  |   | □ No<br>□ Yes                   |

# Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 43 of 55

| Debto  | or 1 _  | Yolanda Mickey                             | Case number (if known)   |
|--------|---------|--|--|
|        |         |  |  |
|        |         |  |  |
|        |         |  |  |
|        |         |  |  |
| Part 3 | s       | ign Below                                  |  |
|        |         | Ity of perjury, I declare that I have indi | ated my intention about any property of my estate that secures a debt and any personal |
| X /    | s/ Yo   | landa Mickey                               | X  |
| _      | Yolan   | da Mickey                                  | Signature of Debtor 2  |
| ,      | Signati | ure of Debtor 1                            |  |
| I      | Date    | August 10, 2017                            | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 48 of 55

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In r | Yolanda Mickey Case No   |
|------|--|
|      | Debtor(s) Chapter 7  |
|      | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)   |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  |
|      | For legal services, I have agreed to accept \$ 940.00  |
|      | Prior to the filing of this statement I have received \$ 90.00   |
|      | Balance Due \$ <b>850.00</b>   |
| 2.   | 335.00 of the filing fee has been paid.  |
| 3.   | The source of the compensation paid to me was:   |
|      | ■ Debtor □ Other (specify):  |
| 4.   | The source of compensation to be paid to me is:  |
|      | ■ Debtor □ Other (specify):  |
| 5.   | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm  |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.   |
| 6.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |
|      | <ul> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>[Other provisions as needed]</li> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> </ul> |
|      | b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  |
|      | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  |
| 7.   | By agreement with the debtor(s), the above-disclosed fee does not include the following service:  a. Representation of the debtors in any dischargeability actions, judicial lien avoidances, or any other adversary proceeding.   |
|      | b. Debtor is responsible for the 2 mandatory credit counseling classes.  |
|      | c. This fee agreement does not include representation in motions to redeem.  |

Case 17-23924 Doc 1 Filed 08/10/17 Entered 08/10/17 14:24:32 Desc Main Document Page 49 of 55

| In re | Yolanda Mickey | Case No. |  |
|-------|----------------|----------|--|
|       | Debtor(s)      |          |  |

#### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

|  | (Communion Sheet)   |  |  |  |  |
|--|---|--|--|--|--|
| CERTIFICATION  |   |  |  |  |  |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in his bankruptcy proceeding. |   |  |  |  |  |
| August 10, 2017  Date  | /s/ Julie Gleason Julie Gleason 6273536 Signature of Attorney Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com  Name of law firm |  |  |  |  |



Joint Client:

## **Gleason & Gleason**

#### Chapter 7 Information and Advice

Attorney fees \$940 + Court costs \$335 | \$1275 total costs

Payment Plan: 3 payments of \$425. If all fees are not paid prior to the filing of your case, you will be asked to sign a post-petition fee agreement for services rendered after the filing of your case.

Fees Cover: Intake appointment with attorney, petition preparation, representation at your first meeting of creditors, answering

| creditor calls and requests.  |
|---|
| FEES DO NOT COVER: Credit counseling - there are 2 MANDATORY CLASSES. Additional litigation for adversaries, redemptions, defense of motions brought on behalf of a creditor or a trustee, or conversion of a chapter 7 to a chapter 13. You will be charged \$30 to add any creditors after the case is filed. You will be charged \$100 for us to attend a second meeting of creditors if you miss your first meeting. If your case is closed for failure to take the second class, the court will require you to pay \$260 to reopen the case.  Initial here: I understand it is the policy of Gleason and Gleason that I am required to take my second class between case filing and my first 341 meeting of creditors. I understand that if my case closes without discharge and my certificate is dated after the first 341 meeting of creditors it is my responsibility to pay \$260 to reopen it. |
| Typical dischargeable debts: Credit cards, medical bills, utilities unsecured judgments, repossessions, personal loans, payday  |
| Non dischargeable debts: Alimony, child support, debts owed under a divorce decree, student loans, traffic tickets, parking tickets, fines, criminal restitution, debt for personal injury or death related to a DUI, overpayment of government benefits, taxes Co-signors are still responsible for debts. Credit cald charges over \$500 in the last 90 days and cash advances over \$750 in the last 70 days may not be discharged.  |
| Secured Loans Surrendering: (House Car Furniture Jewelry) If you are surrendering a car or a house you are still responsible for tickets, code violations, HOA Fees etc until ownership\title is transferred - usually through a sale, like an auction of the car or house. Title is not transferred through the bankruptcy process. You will be responsible for utilities if not disconnected. Loans through municipal credit unions may be secured by pensions. Credit union loans may be cross collateralized with other credit union loans.   |
| Secured Loans Keeping: Initial here:I understand I must continue to make regular payments on all secured loans I am Keeping. I may have to mail in payments as auto debit and check by phone may be disabled until a debt is reaffirmed, understand I am required to maintain insurance. I understand that if I am keeping a property I must pay all mortgages including but not limited to 2nd mortgages and home equity lines of credit.  |
| Payday Loans Autodebits Post dated checks: You must stop them with your bank, It may require closing the bank account.  Utilities: If you bankrupt your utilities they are allowed to charge a deposit for future service and you must pay for any service used after your filing date forward. If you bankrupt a phone or cellular service they may discontinue service.   |
| <b>Credit seporting:</b> We pull credit reports from Transunion and Experian. We cannot guarantee the accuracy or completeness of the reports. Some creditors do not report to credit bureaus. It is your responsibility to review the report and inform us of any missing bills.   |
| Gleason and Gleason does not perform and this contract does not include any services relating to credit repair or<br>correcting inaccurate credit reports. Credit bureaus may or may not report information regarding payments on cars or<br>real estate you are keeping.   |
| Clients agree that they have received the following documents: copy of this retainer agreement, list of required items to file bankruptcy, debtor's duties as required under sec. 521, notice required by sec 527(a)(2), notice required by sec 527(b). Checks may be deposited electronically. Client agrees to pay reasonable attorney fees if collections become necessary.  |
| Refund Policy: If Client wants to terminate Gleason and Gleason, Client must notify Gleason and Gleason in writing. Gleason and Gleason will then perform an accounting of time and services performed and issue a refund check (if applicable) within a reasonable time. For the purpose of determining the refund due, Gleason and Gleason's current hourly rate is \$300 an hour for attorney time.  |
| Client Holanda Michay Attorney Attorney   |



Go to website: www.summitfe.org



- \$14.95 (pick) the cheapest option)
- When it asks you to upgrade click "no thanks"
  - When you create an account enter "Gleason" for lawyers name
- AFTER YOU PAY FOR THE CLASS YOU MUST COMPLETE THE CHAT PORTION OF THE CLASS FOR A CERTIFICATE TO BE ISSUED. THE CLASS IS NOT OVER UNTIL YOU SEE YOUR CERTIFICATE.
- They will automatically send us a copy of the certificate.



- Take after getting a case number and before your bankruptcy hearing.
- \$14.95 (Pick cheapest option)
- Summit will automatically file the certificate with the court when you complete it and they will send us a copy
- If you do not complete the class your case will close at the end, without discharge, and the court charges \$260 to reopen it, file the certificate and receive a discharge.



#### **Chapter 7 Bankruptcy Retainer Agreement**

THE UNDERSIGNED CLIENT(S) EMPLOYS AND RETAINS GLEASON AND GLEASON, HEREINAFTER, ATTORNEY TO REPRESENT CLIENT(S) IN FILING A VOLUNTARY CHAPTER 7 BANKRUPTCY PETITION

THE PRE-PETITION SERVICES ATTORNEY WILL PROVIDE ARE CONSULTATION AND ADVICE, CONTACT AND COMMUNICATION WITH CREDITORS, PREPARATION OF THE BANKRUPTCY PETITION, SCHEDULES, STATEMENT OF FINANCIAL AFFAIRS, STATEMENT OF SOCIAL SECURITY NUMBER, MEANS TEST. CLIENT UNDERSTANDS THAT HE/SHE/THEY ARE SOLEY RESPONSIBLE FOR COMPLETING PRE-FILING CREDIT COUNSELING AND MUST OBTAIN A CERTIFICATE WHICH MUST BE FILED WITH THE COURT AT THE TIME OF FILING HIS/HER/THEIR PETITION. CLIENT IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH SAID COUNSELING.

THE EARNED FEE FOR THE PREPETITION SERVICE IS \$\_

| TOTAL OF PREPETITION SERVICE AND FILING FEE (PAYABLE TO GLEASON AND GLEASON): \$  RETAINED WITH (CASH   CHECK   DEBIT   MONEY ORDER) \$  BALANCE DUE FOR PRE-PETITION ATTORNEY FEES AND FILING FEE \$  AFTER THE BANKRUPTCY CASE IS FILED I UNDERSTAND THAT I WILL BE PRESENTED WITH A SECOND RETAINER AGREEMENT TO PAY GLEASON AND GLEASON ATTORNEY FEES OF \$  FOR POST FILING LEGAL SERVICES AND HAVE BEEN GIVEN A COPY OF THE PROPOSED AGREEMENT.  CLIENT UNDERSTANDS THAT ONCE THE BANKRUPTCY CASE IS FILED THEY WILL NOT BE LEGALLY OBLIGATED FOR ANY OTHER FEES UNLESS AND UNTIL THEY ENTER INTO A SECOND RETAINER AGREEMENT PROMISING TO PAY FEES FOR THE REMAINDER OF MY REPRESENTION IN THIS CASE. CLIENT UNDERSTANDS THAT THEY ARE NOT OBLIGATED TO ENTER INTO AN MAY REFUSE TO SIGN THE SECOND RETAINER WITHIN 10 DAYS OF THE FILING OF MY CASE. CLIENT MAY SEEK OTHER LEGALLOUNSEL IF THEY DO NOT WISH TO BE PAID ARE A FLAT FEE WHICH SHALL IMMEDIATELY BECOME PROPERTY OF GLEASON AND GLEASON EXCEPTED HE MIGHT ON THE FEES OF GLEASON AND GLEASON TO PROVIDE LEGAL SERVICES. FUNDS WILL BE DEPOSITED INTO THE MAIN BANK ACCOUNT AND USED FOR GENERAL EXPENSES OF GLEASON AND GLEASON IN AN EXCHANGE FOR A COMMITMENT BY GLEASON AND GLEASON TO PROVIDE LEGAL SERVICES. FUNDS WILL BE DEPOSITED INTO THE MAIN BANK ACCOUNT AND USED FOR GENERAL EXPENSES OF GLEASON AND GLEASON TO PROVIDE LEGAL SERVICES. FUNDS WILL BE DEPOSITED INTO THE MAIN BANK ACCOUNT AND USED FOR GENERAL EXPENSES OF GLEASON AND GLEASON.  LOCAL RULE 2093-1 (8) DISCLOSURE WITHDRAWAL DDITION, AND SUBSTITUTION OF COUNSEL  LOCAL RULE 2093-1 (16) DISCLOSURE WITHDRAWAL DDITION, AND SUBSTITUTION OF COUNSEL  LOCAL RULE 2093-1 (16) DISCLOSURE WITHDRAWAL DDITION, AND SUBSTITUTION OF COUNSEL  ATTOR OF THE FILING OF THE CASE TO PAY THE ATTORNEY FOR SERVICES RENDERED AFTER THE FILING OF THE CASE TO PAY THE ATTORNEY FOR SERVICES RENDERED AFTER THE FILING OF THE CASE TO PAY THE ATTORNEY FOR SERVICES RENDERED AFTER THE FILING OF THE CASE TO PAY THE ATTORNEY FOR WITHDRAW FROM REPRESENTATION OF THE DEBTOR ON MOTION OF T | •  |  |
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| JOHN CLIENT  | A TORNEY OF A TORNEY   |  |
|  | JOINT CEIENT   |  |

77 W WASHINGTON, STE 1218 CHICAGO, II. 60602 | (312) 445-8825 | CHILAWYERS.COM | OUR LAW FIRM IS A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.

Avant Credit, Inc Attention Bankruptcy Po Box 9183380 Chicago, IL 60691

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Auto Finance Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

EdFinancial Services Attn: Bankruptcy Department Po Box 36008 Knoxville, TN 37930

First Premier Bank 601 S Minneaplois Ave Dious FDalls, SD 57104

Go Credit 7300 E. Hampton Ave Mesa, AZ 85209

Governors State University University Accounting Service 1 University Pkwy University Park, IL 60484

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338

Illinois Dept of Employment Securit Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor Chicago, IL 60603

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 ISAC/Illinois Student Assistance Commiss Attn: Bankruptcy Dept 1755 Lake Cook Road Deerfield, IL 60015

LVNV Funding/Resurgent Capital Po Box 10497 Greenville, SC 29603

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barr, PA 18773

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Regional Acceptance Co 304 Kellm Road Virginia Beach, VA 23462

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Us Dept Of Ed/Great Lakes Higher Educati Attn: Bankruptcy 2401 International Lane Madison, WI 53704

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

#### United States Bankruptcy Court Northern District of Illinois

| In re | Yolanda Mickey                             |   | Case No.                      |               |
|-------|--|---|-------------------------------|---------------|
|       |  | Debtor(s)   | Chapter <b>7</b>              |               |
|       | VF   | ERIFICATION OF CREDITOR M                             | IATRIX                        |               |
|       |  | Number of   | Creditors:                    | 19            |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit             | tors is true and correct to t | he best of my |
| Date: | August 10, 2017                            | /s/ Yolanda Mickey Yolanda Mickey Signature of Debtor |                               |               |